

WEEKLY MENU

NAME OF CHILD CARE PROGRAM _____
 MENU FOR WEEK OF _____

MEALS & SNACKS MUST MEET REQUIREMENTS IN HE-C 4002-29, INCLUDING TABLES 4.2.2 AND 4.2.3

MENU	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<u>BREAKFAST:</u> Milk or Alternate Veg/Fruit Bread					
<u>A.M. SUPPLEMENT:</u> Choose 2 of: Milk or Alternate Veg/Fruit Bread or Alternate Meat or Alternate					
<u>LUNCH</u> Milk or Alternate Meat or Alternate Veg/Fruit (At Least 2) Bread or Alternate					
<u>P.M. SUPPLEMENT</u> Choose 2 of: Milk or Alternate Veg/Fruit Bread or Alternate Meat or Alternate					